DOCUMENT RESUME

ED 035 131 EC 004 693

TITLE	Special Study Institute for Teachers of Educationally Handicapped.
INSTITUTION	Colorado State Dept. of Education, Denver, Div. of Special Education Services.
PUB DATE	Jan 69
NOTE	21p.
EDRS PRICE	EDRS Price MF-$0.25 HC-$1.15
DESCRIPTORS	Auditory Perception, *Exceptional Child Education, Identification, *Learning Disabilities, Psycholinguistics, Spelling, *Teaching Methods, Thought Processes, Visual Perception

ABSTRACT

Talks presented by Doris Johnson and Regina Cicci at an institute for teachers of the educationally handicapped are summarized and include identification and remediation of auditory receptive language disorders, disorders of spelling and written language, an analysis of reading methods, an analysis check list, disorders of quantitative thinking, and questions from the final session of the institute. These are concerned with medical history, threats, the child's moods, teaching style, praise, hyperactivity, goal setting, and student reactions. Included in each section are practical suggestions for alleviation of the individual problems. (JM)

ED035131

INSTITUTE FOR TEACHERS

OF

EDUCATIONALLY HANDICAPPED CHILDREN

EC 004 693

ED035131

COLORADO DEPARTMENT OF EDUCATION
Division of Special Education Services

Summary of Institute Activities

"SPECIAL STUDY INSTITUTE FOR TEACHERS OF EDUCATIONALLY HANDICAPPED"

(Authorized Under Public Law 85-926 As
Amended by Section 301 of Public Law 88-164)

College Center and Bishop Lehr Hall
Colorado State College
Campus
Greeley, Colorado

January 15-17, 1969

COLORADO DEPARTMENT OF EDUCATION
Byron Hansford, Commissioner

OFFICE OF INSTRUCTIONAL SERVICES
Leo P. Black
Assistant Commissioner

DIVISION OF SPECIAL EDUCATION SERVICES
John A. Ogden, Director

COLORADO STATE COLLEGE
Darrell Holmes, President

DEPARTMENT OF SPECIAL EDUCATION
Tony D. Vaughan, Chairman

DEPARTMENT OF SPECIAL EDUCATION
Robert Reinert
Assistant Professor

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

INSTITUTE STAFF:

Doris J. Johnson
Assistant Professor, Language Pathology
Institute for Language Disorders
Northwestern University
Evanston, Illinois 60201

Regina Cicci, Instructor
Language and Speech Pathology
Division of Otolaryngology and
Child Psychiatry
University of Maryland Medical School
Baltimore, Maryland

A. J. Paulmeno
Consultant, CDE

Marguerite Lynch
Consultant, CDE

DIVISION OF SPECIAL EDUCATION SERVICES STAFF:

Dr. John A. Ogden, Director
Special Education Services

Marguerite M. Lynch
Consultant
Educationally Handicapped

Richard R. Champion
Consultant
Physically Handicapped

Seymour E. Wallach
Consultant
Mentally Handicapped

A. J. Paulmeno
Consultant
Education & Inservice Training

Betty K. Mitchell
Consultant
Mentally Handicapped

James E. Wiggins
Consultant
Title VI, ESEA

Lee Brooks
Consultant
Speech and Aurally Handicapped

Harold Rupert
Consultant
Psychoeducational Techniques
and Materials

Purpose of the Institute

This institute was designed to provide teachers for the educationally handicapped, with specific and practical means to increase the effectiveness of their instruction.

The following pages comprise a summary of the talks as given by Doris Johnson and Regina Cicci.

For further reading and more complete information we refer you to:

Learning Disabilities: Educational Principles and Practices, Helmer R. Myklebust and Doris Johnson. Grune and Stratton, Inc., New York, 1967.

Auditory Learning, Naomi Zigmond and Regina Cicci Dimensions Publishing Company, San Rafael, California, 1968.

IDENTIFICATION AND REMEDIATION - AUDITORY RECEPTIVE LANGUAGE DISORDERS

Regina Cicci

What about the child who has an average or above I.Q., who has no regular or easily recognized handicap, who is obviously not deliberately refusing to learn, but who is not learning? These are the pupils whom we now define as being "educationally handicapped"--who have serious learning disabilities in various areas.

- spoken language disorders
  - deficits in language comprehension
  - deficits in language expression
- disorders of reading
- disorders of written language
  - deficits in spelling
  - visual-motor problems
  - problems in formulation
- disorders of calculation
- disorders of nonverbal learning
- related disorders

The child's level of function will be apparent in

- visual expressive language - writing
- visual receptive language - reading
- auditory expressive language - speaking
- auditory receptive language - comprehension
- "inner" language.

Various tests (WISC, ITPA, etc.) can be and are given to determine an educational handicap, but the original evaluation must come from the teacher. It is she who discovers that the child is unable to give basic identification--his address, the names of his parents, the date of his birth--data with which even the preschool child is usually concerned. Teachers can often assess the level of the child's abstraction by checking his spontaneous responses in a "fun" situation which keeps him from thinking about being in school, having to learn, competing with with classmates, and feeling "different."

Does the child understand the meaning of such common words as "menu," "taxi," "government"? Or does he <u>associate</u> the word with action? The word "menu" elicits a response of "eat"; a "taxi" isn't a car--you "ride in it." If given such words as "corn" and "potatoes," a response of "food" or "eat" instead of "vegetables" is an indication of inadequate abstraction. Categorization can take several forms: "president, king, and governor" may be "bosses," "rulers," or just "people." "Cat and dog" may be "fur" or "pets," instead of animals. The average six-year-old will know the name of our president; the EH child usually can't give his name, but can sometimes remember the right name from among a number of names. A disturbed motor pattern will translate "Pacific" into something like "Cipic." Ask the child to name the days of the week; his concept of time and sequence may put the days in an odd order or may include only two or three of them. An EH child may not know that the Fourth of July comes in July! He may not know any of the months. Is his articulation so poor that he fails to recognize and pronounce many of the common sounds?

The framework for remediation is based on attacking the disorders in the child's

- sensation
- perception
- imagery (memory)
- symbolization
- concepts--the abstraction of meaning.

Many teachers of the educationally handicapped are inclined to place too much emphasis on the child instead of on the words we use with the child. In the pre-verbal stage, of course, communication necessarily must be predominantly by gesture--an expedient used to some degree even as remediation begins to have effect.

A child who responds to sensory nerves can "feel" a soft, cuddly animal--learn the word "soft"--and transfer his knowledge to soft sounds. He can see soft colors.

An isolated section of a picture--such as a bench covered with snow and almost unrecognizable as such--when put back into context so that it is very obvious what it is can't again become the "unknown." Once perceived, it will be recognized later as something known, something remembered. Teachers must anticipate confusion in the so-important factor of memory. The child who lived with the short vowel sounds of the Southerner needs many exercises in sounds before he can forget his early memories. Environment plays a vital part in memory. The simple sounds within his immediate environment can provide a special impact: a dropped pencil, water running from a faucet, scraping of a chair, a zipper being closed, steps in the hall. Gross sounds should always be specific. Children can learn an individual sound related to a picture: the taped sound of a dog barking with a picture of a dog shown to the child. A particularly effective method is to let the child see sounds put on tape and then later have to recall the sound when he hears it on the tape.

Rhyming is often difficult for the EH child, but a developed facility for rhyming will help with word "families." The teacher can play with words: Jack and Jill went up the _____, and memory can supply the response. Or pictures--not more than six or eight on a page and put in different spaces on the page--can be used for rhyming: a tie and a pie; a cat and a hat.

Does the child understand directions? Tell the three-year-old to point to the tree which has a line around it (again, on a page of

six or not more than eight line drawings). "Point to the line which goes from the fish to the cup." For the five-year-old: "Put a line from the fish to the cup." Build up the length and complexity of the directions given to the child. "What will keep us dry?" "What object has a wooden handle?" "When we planned to go to the movie, we got into t_____."

Man is the only animal who can talk about the past and the future by use of symbols or words. Symbolism is a part of human culture. Many theories have been projected concerning the development of language, but so far as we know, the "baa" of a sheep can reflect only the expression of the moment at which it was uttered. A child will associate a word with a known experience. Running can be the symbol of fear (to run from), the symbol of anticipation(to run toward), a symbol of play. Printed symbols should connote sound--not just the letter. Say "sssssssssssss" not "s-s-s-s-s-s-s." Start with initial sounds; proceed to final sounds. Use pairs of sounds: "mmmmmmmmm" - "nnnnnnnnn"; "ddddddddddddddddddd" - "ccccccccccccc". Then pair words: "run-sun"; "low-sew". Paired sounds to paired words builds the needed complexity as the child progresses. First he <u>sees</u> the sounds on the lips--then he learns to <u>hear</u> the sounds.

As the child learns to hear sounds, practice blending sounds into words. Matching pictures can be of value in the early training. "Flow er"; "ta ble"; "fi r crack er". Pictures cued to association can, however, cause confusion and must be used carefully.

A child's concept of a word must be more than just size, shape, form, or color. One group of children had 92 concepts of a car:

ride, radio, trip, speed..... An apple has seeds, grows on a tree, is crunchy to eat, falls from a tree, has worms..... The child who watches TV may answer "perspiration" when asked for the meaning of "calm." Check for concept; sometimes the child will confuse rhyme with the opposite.

Expressive language presents problems. A poor memory may produce "I don't know" rather than the real "I can't remember." Can the child verbalize what he really knows? A gate was " a fence door"; specific names for objects are often illusive. Training in rapid word naming is helpful--and cooperative parents can utilize this medium at the dining table. Structure questions so as to elicit wanted answers; beginning ones may ask for just "yes" and "no" responses. The use of nonsense can relax the child. "We enjoyed our trip across the ocean in the car." "Did you hear the newspaper this morning?" "Look at the calendar and tell me what time it is." A missing word from a sentence or question can trigger response. Show and Tell is an excellent exercise in learning expressive language.

Reversal of syllables is fairly common. Use words with a rhythmical pattern: "de da de da de da". Make up your own words which fit the particular child. Learning new words is a dynamic process--but use ones of interest! Antonyms and synonyms can lend challenge and excitement. Card files are enjoyed--or hated; there seems to be no middle road. Use them to help children learn to categorize; put many individual words into categories.

Non-verbal children must be taught from the concrete to the abstract. Use objects frequently.

And every day in every way remember words--be constantly conscious of specific use!

DISORDERS OF SPELLING AND WRITTEN LANGUAGE

Regina Cicci

Written language--if it is to have any meaning--must be about something. And it isn't particularly important if it doesn't "look good" so long as it is at least legible. Focus must remain on content rather than appearance, and yet it is important to teach patterns of writing.

The child must see what he is doing. A lack of visual perception is particularly restrictive. A child with this handicap needs much practice with forms, should learn to start from one direction. Visual cues--such as a red dot at the starting point--can be of much assistance. The position of the paper on which he will write is a factor not to be slighted. Some children are unable to transfer what they see on the vertical plane of the blackboard to the horizontal plane of the paper on their desks. Even holding a pencil corrently can affect performance.

To improve visual memory, hold up a picture of a circle. Lower it. Replace it with a picture of a square. "Is this what you saw before?" Draw part of a simple design--and let the child finish it. Can he relate the motor act of writing to the object about which he is writing?

The child who has problems with formulation and syntax will use words he knows. Encourage his using new ones--but don't worry about the spelling until he has understanding of the word itself. Help him use descriptive words: feel, see. Scramble the words in a simple sentence to test his ability to put the words in context.

"When did you stop?" has far more meaning for the EH child than a rule of punctuation. A rule of grammar will be accepted if the child knows a concrete reason for using it; rote memorization may take some unexpected twists.

The area of greatest difficulty in the written language is spelling. So many factors are involved: hear, discriminate, sequence memory, visual-to-motor skill, meaning, spontaneous recitation of letters, total recall.

Concerned parents will tell the teacher that "Johnny spelled every word right last night at home and he missed nine out of ten on his paper at school." Oral drilling may have given Johnny auditory memory of the words--but when he had to write them down, his visual motor skill failed him. Give him two spellings of a word and ask which is right and which is wrong. Show a word written incorrectly and correctly--and ask him to draw a line around the correct spelling. Put words in families (but don't use a short i and a short e in the same group). Check spelling constantly by rapid drill of learned words every week. Give practice in the use of one word--extend it to a short oral sentence--then to the same sentence written.

Say the first two letters of a pictured word. "Can you tell me how to finish spelling the word? A flash card can have in each of six or eight squares a half of a word--one syllable. PIC TURE. Ask the child to match the two squares which will make a word. Given a two or three syllable word, can the child break it into syllables orally? Can he extract a sound within a word?

Effective flash card drills: (never more than eight pictures to a card)

- Find all the pictures of things that sound like "man".
- Draw a line between the pictured words which sound alike.
- Give the parts of compound words or break short words containing short or long vowels and have the child point to the picture of the word you are presenting. r-a-ke; h-o-me; ap-ple; ice-cream.
- Draw a circle around the fruit; make an X on the tree; underline the vegetable; draw a square around the fish.
- Have the children listen to sentences to be completed by one of the pictures: "Mother said she would peel my apple if she had a (knife)."
  "We would drive to the lake if we had a (car) "
  "I wouldn't get wet if I had an (umbrella) ."
  "We used Jack's (boat) when we went sailing."

Push forward! No child should ever get the idea he is dealing with "baby" words! There is as much danger in under-stimulation as there is in over-stimulation.

AN ANALYSIS OF READING METHODS

Doris Johnson

Reading problems are symptoms--but of what? Why is a child underachieving? Is it emotional? Interaction? Has he reduced his goals for some unknown reason?

The first stepin determining the why is to check both auditory and visual acuity. There is a tendency to over-emphasize visual problems--but they do exist in areas recognized by an opthamoligist as field problems or ocular imbalance. Bigger print may be the answer--or the distance at which a child holds his book.

Question two: Is there really limited mental capacity? In a "high-powered" school or class, the child with average ability may fall by the wayside.

Question three: Is there, for some reason, a phobia about school? Is the child unduly anxious? Is he afraid to face his life in the classroom? "Tomorrow is my birthday and I don't WANT to be eight!" It's so much easier to remain dependent.....

Question four: What did he learn before he came into your class? There are many overcrowded rooms in which a child can be understimulated and just give up; not all teachers will give necessary individual attention.

Question five: what is the child's medical condition? Is there a thyroid or bio-chemical condition? A graham cracker at ten o'clock brought back the blood sugar content to a child who "drooped" and could not learn by that hour though she was quick earlier.

Teachers must recognize their own deficits in processing for the auditorially and visually handicapped. Many children can learn by any method; some by only one. The teacher has to decide the specific method(s) by which each individual can learn to read. A complete study of a child can't be made from diagnostic tests--important as they are. Reading approaches must be analyzed.

- the nature of vocabulary
  - should there be a consistent auditory pattern?
  - controlled; sound it all out by an auditory-visual correspondence
  - traditional
  - sign vocabulary
  - are words non-meaningful? not phonetic? They have to be taught in context!
  - what words will I use?

- analytic or synthetic approach
  - from whole to part: story to sentence to words
  - from part to whole: isolated sound to word to sentence to story

- high or low structure approach
  - vocabulary controlled
  - child chooses words (experience story approach); usually for lower I.Q.

- nature of input
  - inter-sensory or intra-sensory
  - verbal or non-verbal
  - meaningful or non-meaningful

- mode of response
  - how do you ask the child to respond?
    - recognition (point); gesture (act); manipulation
    - oral (may be three grades lower than actual comprehension because of inability to express thoughts)
    - written (visual feedback)

What does a teacher want to know about a child before she begins teaching?

- chronological age
- mental age (overall ability)
- grade age; has any grade been repeated?
- reading achievement levels: context--oral and silent
  single words--oral and silent

When peak performance has been established, BEGIN THERE! Remember the interest of the child in reading. Get into reading as soon as

possible. Sentence structure in early reading should be like talking. Check size and clarity of print. Word study should be primer type, but material in context can be pica. Materials typed in the school should be clean so that every letter is clear-cut.

A teacher should not be a technician; she looks at ways by which a child can learn. The materials are never as important as what the teacher does with them.

ANALYSIS CHECK LIST

Auditory learning: attention - strength and span

discrimination (perception)

does he hear differences? which-wish; kennel-tunnel

what effect has his perception on reading?

comprehension

is he learning vocabulary from reading?

let him draw the definition of object words

does he mentally decode what he reads, or is it by rote?

Auditory memory span: does he retain what he reads?

watch the length of sentences

Blending and sequencing: break word apart for spelling

Retrieval or recall from oral reading: does he get the meaning?

boy - child; or could "boy" be seen as "bay"?

Oral expression - syntax: cats eat; cat eats

often a problem with bilingual children

Visual perception: gross form--differences in circle, square, triangle
internal structure of word--foot, feet
position of letters--rotation or inversion
pattern--recognition of same word repeated on page

Visual memory: how long can he retain one word? (short term memory)
how long can he retain a sentence? (long term)

DISORDERS OF QUANTITATIVE THINKING

Doris Johnson

- Where does input break down?
- Once message is in, what is the output?
- Where is the process jammed?
- When should concern about reading start? Opinions differ, but intensive evaluation can begin by the middle of the first grade.
- Auditory breakdown can appear by the time a child is a year old; we become concerned about inability to write by the time he is seven.
- What can the child see? What can he hear? What can he recall?

All these questions must be answered in the teacher's mind before she can know how to manipulate the materials and activities which she will use with the child. She must be aware of the nature of the task she presents to the child.

Task analysis:

nature of input--inter or intra sensory
one or more sensory channels involved
auditory or visual
(the child who is told to point to "boy" may hear the word but can visualize the written letters)
verbal or non-verbal
(the non-verbal child must hear "meow" to identify a cat)
meaningful or non-meaningful
(the child who asks, "What's a mmmmmmm?" has found no meaning in the verbalized letter. He may recognize pieces of doll house furniture, but he will be unable to integrate them into a doll house.)

mode of response--out put
gesture, verbalization, recognition
oral - spoken language
visual-motor - drawing or writing

Select tasks or tests directed toward the child's deficiency when you are confident that you have identified the process deficiency, when you know what has to be remedied, when you have determined where remediation should begin. The regular classroom teacher may be inclined to reduce the tasks rather than to make the specific modifications necessary for the individual. When you make your

recommendations to her, suggest appropriate modifications. Refine lesson plans to help the child recall, visualize, understand the concept, relate one thing to another. A dead-level attitude toward curriculum can't supply individual needs.

You can discover much by "walking through a day" with a child. Does he walk confidently through the door opening? Was he oriented to directions? Could he find his locker? Did he betray a lack of spatial relationship by the amount of food he put on his fork? If you are going to take him out of one class a day, which one can you best supplement? You have to look objectively at the ultimate goal--fragmentation can never be the answer.

Disorders in quantitative thinking can and do seriously interfere in the study of mathematics. Numbers can be used as a way of describing quantity, objects, space, time. His concepts of such words as "times," "borrow," "carry," "less," "divide" have come from a different context. If he couldn't associate a spoken word with a written symbol, he won't relate a spoken number to a quantity. Can he count and <u>recall</u> in sequential order? Can he <u>verbalize</u> the problem? He may say one number and write another. Math achievement scores can be completely unrealistic because of the wide variance in the disorder as applied to the different concepts in mathematics. <u>Why</u> does the child miss in any given area of math? These facets must be explored before remediation can begin.

It has been said, "Beware lest you place yourself in the position of teaching and yet failing to <u>educate</u>."

QUESTIONS FROM THE FINAL SESSION

.. How much concern should we have with the medical history of a child we believe to be EH?

-- A great deal. If the child has been in an accident at any time, you should ascertain as much of his behavior before the accident as after. It has been proved that such diseases as mumps can have a serious--but not always lasting--effect upon the mind. There is strong belief that pediatricians will become more and more involved in cooperation with the schools in which EH children are enrolled.

.. I find that actually threatening one recalcitrant boy in my class is often the only way I can get him "back in line." Am I wrong?

-- Very definitely. The child who knows fear of any kind is not going to learn no matter how well he may thereafter behave. Find some motivation appropriate to his needs. Speak firmly--but never threateningly.

.. What about the mood of a child? Should these be respected?

-- There are days when it is wise, perhaps, to expect less of the child--but GO AHEAD AND TEACH! Ignore the moodiness insofar as possible. The very act of teaching is respected by children--and they know that is why you are there. They should never have the opportunity to realize that moodiness can be an escape from what is normally expected of them.

.. Is there a particular style of teaching that is effective?

-- Teachers are human, and sometimes they teach the way they want to without giving sufficient consideration to the needs of the child. The wise teacher realizes that a child often learns in the beginning because of the rapport he feels with his teacher; he learns in order to please her. Later he learns because <u>he wants to learn</u>.

.. How much praise should be offered a child when he has successfully accomplished the assigned task?

-- A quick "well done" or "good" is sufficient. Over-praise is often damaging--particularly to the hyperactive who

tends to become even more stimulated by praise. When there is too much praise, a child is very likely to assume when the praise is omitted that he has been "bad"--and though he may not express the inference, he may react too strongly to "being bad" when the teacher doesn't realize this was the problem.
There is another quite devastating effect. The child whose parents tend to over-praise may learn to use his accomplishment as a lever: he will deliberately withhold accomplishment in order to "punish" his parents or to gain his own way by this expedient. It's pretty easy for some children to get their parents "over a barrel"!

.. How much hyperactivity do you ignore?

-- The teacher with a number of hyperactive children in her class has problems. Certainly, there should be serious consideration of medication--but that is not always easy and in any case should NEVER be used as the only answer. Try to control the environment as much as possible. Tolerate mild activity (squirming, traipsing to the water fountain, almost-excessive trips to the lavatory, etc.) Try to give assignments sufficiently interesting to hold the child's attention for at least a short span. Put another child's desk way over in the corner if being close to his peers is disturbing to him. Assign outside-of-curriculum tasks like cleaning the blackboards, dumping the wastebasket, opening the windows, sharpening pencils; the task may take only a few moments, but it may be sufficient to settle him down for a period of some concentrated effort.

.. Should a child be permitted to set his own goals?

-- Yes--but within limits. You can't afford to give too much choice with most of the children. Sand "timers" can be effective. The child can decide that he is going to accomplish a certain amount before the sand runs through. Or the teacher can say, "By the time the sand has gone through, you can do such-and-such (something he wants to do.)" Too much teacher-scheduling gives a chance for silent rebellion from the child. He quickly learns to expect EXTERNAL control and then will sit back and refuse to do anything on his own. There are any number of reference guidelines for something the child wants to do--or should do. When the bell rings.....You can do such and such when you have finished this job..... I'm sure you can do this before it is time for lunch..... Recess is only five minutes away; can you finish this before then? THINK ALWAYS OF HOW YOU HAVE LEARNED THIS SPECIFIC CHILD WILL REACT! And then decide how you are going to handle it.

.. How can a teacher anticipate how a child is going to react?

-- Only the teacher who tries to understand the child and put herself in the place of what she has learned about the child can "anticipate." Again, emphasis must be put upon "think about what the child needs--not about the way YOU would instinctively try to teach." There is wide variation in what we call the "normal" child--but he can usually adjust. There is even wider variation in the handicapped child--and YOU have to make the adjustment; he usually can't.

The questions asked during this final session provoked a final warning:

When a child is assigned to your group, or when you are the teacher who suspects an educational handicap, ask yourself--

WHAT IS WRONG? WHAT IS AFFECTED BY THIS CHILD'S PARTICULAR PROBLEM? WHAT ARE THE CUES TO HIS DISABILITIES? WHAT NEEDS TO BE DONE TO HELP HIM?

The answers must come from YOUR <u>observation</u>!